

FILED MAY 19 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4167

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Mary's Infirmary
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days
(Specify whether years, months or days) 26 years

3. (a) PRINT FULL NAME Tempie Coleman

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race Col.

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 21, 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<input checked="" type="checkbox"/>	<u>59</u>	<u>1</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace Hardiman County, Tenn.
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business Self

12. Name Charlie Powers

13. Birthplace Hardiman County, Tenn.
(City, town, or county) (State or foreign country)

14. Maiden name Sallie Brown

15. Birthplace Hardiman County, Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Clara Berger

(b) Address 245 Washington

17. (a) Burial (b) Date thereof May 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wash. Park

18. (a) Signature of funeral director G. J. Wash.

(b) Address 218 4th Street

19. (a) May 12 1942 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3937 Finney Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A. 1 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9th
year 1942 hour 10:45 minute _____ M.

21. I hereby certify that I attended the deceased from 4/4, 1942, to 5/9, 1942
that I last saw her alive on 5-8-1942 PM and that death occurred on the date and hour stated above.

Immediate cause of death Asplenic fever
A suppurative splatitis
paratuberculous splatitis
Due to Chronic hepatitis with enlarged liver
Due to W & H of heart
atrial fibrillation

Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy none

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) no

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (a) Means of injury _____

23. Signature J. H. Starke (M. D. or other) _____
Address 809 1/2 Jefferson Date signed 5/11/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

3847 Page B1....., Registered Apprentice No.....
working under my personal supervision.

Signed C. J. Nash.....

Licensed Embalmer No. 2432.....

P. O. Address 3847 Page B1.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.